

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Confirmation No.: 9740
 Claes WALLEN Date: October 20, 2009
 Serial No.: 10/520,724 Group Art Unit: 3767
 Filed: April 15, 2005 Examiner: Elizabeth Macneill
 For: DEVICE FOR INJECTING MEDICAL SUBSTANCES

VIA EFS-WEB

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT/SUBMISSION

Sir:

This is a response to the Office Action mailed July 20, 2009 in the above-identified application. Reconsideration of the application is respectfully requested.

FEE CALCULATION

Any additional fee required has been calculated as follows:

___ If checked, "Small Entity" status is claimed.

| | No. Claims After Amendment | | Highest No. Previously Paid For | | Extra Present | | Rate | ADDIT. FEE |
|--|----------------------------------|-------|---------------------------------------|------|------------------|---|---------------------|---------------|
| TOTAL | 9 | MINUS | 20 | * = | 0 | X | (\$26 SE or \$52) | \$ 0.00 |
| INDEP | 3 | MINUS | 3 | ** = | 0 | X | (\$110 SE or \$220) | \$ 0.00 |
| First Presentation of Multiple Dependent Claim | | | | | | X | (\$195 SE or \$390) | \$ 0.00 |
| * not less than 20 ** not less than 3 | | | | | | | TOTAL | \$ 0.00 |

If any additional payment is required, a check which includes the calculated fee of \$
 (Our Check No. _____) is attached.

In the event the actual fee is greater than the payment submitted or is inadvertently not enclosed or if any additional fee during the prosecution of this application is not paid, the Patent Office is authorized to charge the underpayment to Deposit Account No. 15-0700.

SUMMARY OF AMENDMENTS

1. ____ If checked, an abstract (an amended abstract) is submitted herewith.
2. ____ If checked, amendment(s) to the drawings are submitted herewith.
3. ____ If checked, amendment(s) to the specification are submitted herewith.
4. X If checked, amendment(s) to the claims are submitted herewith.